

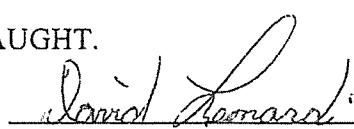
STATE OF OHIO)
)
COUNTY OF CUYAHOGA)

AFFIDAVIT OF DAVID LEONARDI

Now comes, David Leonardi, who being first duly sworn according to law deposes and states the following:

1. I, David Leonardi, am over 18 years of age, am not under any restraint of disability, and am competent to testify to the matters stated herein.
2. I am a named Defendant in the matter captioned *Anita Arrington-Bey v. City of Bedford Heights, et al.*, pending in the United States Northern District Court of Ohio, Easter Division, case number 1:14-cv-02514.
3. At all relevant times to the above matter I was acting as the Assistant Chief of Police for the City of Bedford Heights, Ohio.
4. As Assistant Chief of Police my job duties included but were not limited to oversight of day-to-day operations of the Bedford Heights Jail, administrative oversight of the Bedford Heights Jail, and I am a custodian of Bedford Heights Jail policies and procedures and video footage from the jail.
5. Attached hereto are true and accurate copies of Policy 3.2.5 - Institutional Services Classification: Special Needs offenders (attached as Exhibit 1); Policy 4.1.7 – Health Care Mental Health Care: State Standard (attached as Exhibit 2); and Policy 4.1.3 – Health Care Medical Services (attached as Exhibit 3).
6. Attached to the City of Bedford Heights Notice of Manual Filing is a true and accurate copy of June 21, 2013 video footage from Bedford Heights Jail.

FURTHER AFFIANT SAYETH NAUGHT.

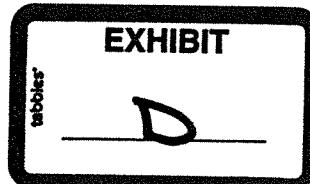


DAVID LEONARDI

November SWORN TO BEFORE ME, and subscribed in my presence this 24th day of November, 2015.



NOTARY PUBLIC



KATHY LEE LEGGETT
Notary Public. State of Ohio
Recorded in Cuyahoga County
My Commission Expires March 22, 2020

Issued By: *Chief Timothy Kalavsky*

Section: Jail Division

Section Number: 3.2.5

Title: Institutional Services Classification: Special Needs Offenders

Effective Date:

Amends/Supersedes:

Review:

Policy Statement

It is the policy of the jail to identify at the time of intake, or as soon thereafter as possible, all offenders requiring special management and to provide special programs and services to those offenders.

1. Special needs offenders

Offenders with special needs may include drug and alcohol abusers and offenders who are emotionally disturbed, mentally ill, or retarded; advanced in age; or physically handicapped. Ordinarily, these conditions are identified at the time of intake or during classification.

- a. Drug abusers are individuals who have developed a physical or psychological dependency on illegal substances; their life and lifestyles may reflect dysfunctional behavior, whether criminal or not.
- b. Alcohol abusers are individuals who have developed a physical or psychological dependency on alcohol; their life and lifestyles may reflect dysfunctional behavior, whether criminal or not.
- c. Severely disturbed or mentally ill offenders may include those who present a danger to themselves or others or are incapable of attending to basic physiological needs because of mental or emotional problems of varied or unknown origins.
- d. Mentally retarded individuals are those who function at a below average general intellectual level and who may be deficient in adaptive behavior or the degree to which they meet the standards of personal independence and social responsibility expected of an individual in their age and cultural group.
- e. Advanced-aged and handicapped individuals are those who, by reason of their infirmities, may be unable to participate in typical institutional programs and who may require special medical care or physical assistance, including physical plant modifications, to function in the institutional setting.

2. Identification

At intake or during orientation, staff may determine offenders' special needs through interviews, medical and psychological screening and examinations, observations, personal history reviews, and batteries of intelligence and personality tests.

3. Programming

If maintained in the jail, separate housing and programming may include, but not be

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limited to, the following:

- a. Substance-abuse counseling and educational programs
- b. Social and vocational programs to maximize potential of the mentally retarded
- c. Treatment to deal with problems of the mentally ill and disturbed.
- d. Special stimulation programs, therapy, or physical aids for advanced-aged or handicapped, individuals
- e. Supportive counseling for special needs offenders in all categories

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Section: Jail Division

Section Number: 4.1.3

Title: Health Care Medical Services: State Standard

Effective Date:

Amends/Supersedes:

Review:

Policy Statement

It is the policy of the jail to provide confined offenders with unimpeded access to a full range of health programs commensurate with contemporary community standards.

Services

A continuum of health care services will be available to offenders while in custody. The Doctor will ensure the quality and availability of medical and mental health services and will be responsible for developing and maintaining a written plan for delivering those services to all offenders.

- A. All institutional medical facilities and equipment will be maintained at a level that enables medical staff to perform their duties in accordance with the specific procedures required by their professional specialty.
- B. At least one registered nurse, licensed practical nurse or paramedic will be on duty at the facility each day. A physician will be on duty at the jail each week. Physicians will be on twenty four hour call so there is backup coverage of in-house staff.

Medical Orders

Medical orders for an offender by a physician will be followed by institutional staff, consistent with institutional security. Any instructions issued by medical authorities that conflict with life safety or security regulations of the jail will be brought immediately to the attention of the Administrator, who will investigate and resolve them. If necessary, the Administrator will refer the matter to the Chief, who will resolve the issue with the Doctor.

Informed Consent

Offenders will be afforded the same level of informed consent as in any community medical facility for the specific type of treatment involved.

Access to Health Care

Offenders may request medical care in writing by filling out a request form and turning it in to the Corrections Officer. The general medical access system will be explained to offenders at the time of admission and included in their posted orientation materials. An offender may file a complaint regarding health care through the offender grievance system.

Addendum 10-28-2009

Examinations by Independent Medical Service Providers and Experts

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All medical, dental and/or psychological examinations for all ICE detainees will first be requested by the medical department by submitting a TAR (treatment authorization request) form thru Public Health. All medical emergencies that occur when medical is not on site will be reported, so that the nurse or the Jail Administrator's designee, can submit a TAR.

Equipment and Physical Plant

The equipment, supplies, and materials for medical services will be provided and maintained in a manner determined by the Administrator. An adequately equipped examination room used solely for treatment will be available, thus ensuring privacy and dignity for both offenders and medical staff. Examination rooms will be equipped with the following:

- A. Thermometer
- B. Blood pressure cuff and sphygmomanometer
- C. Stethoscope
- D. Ophthalmoscope
- E. Otoscope
- F. Percussion hammer
- G. Scale
- H. Examination table
- I. Goose neck light
- J. Refrigerator
- K. Medical record file cabinet
- L. A hand-washing sink equipped with hot and cold running water medical services staff will also have access to laboratory services on a routine basis in house and out.

The Nurse Supervisor will establish and maintain other such examination and treatment areas and equipment as needed to maintain the level of care required.

Emergency Care

Emergency care will be available for acute illnesses or unexpected health care needs that cannot be deferred until the next scheduled sick call. This care will be provided through methods managed by the Doctor and provided by local fire department ambulance services with transport to Meridia South Pointe hospital emergency rooms.

- A. Emergency care will be expedited by the following procedures:
 - 1. The use of radios and intercoms to advise medical staff of the onset of an emergency
 - 2. On-site first aid and crisis intervention
 - 3. Emergency medical vehicle availability
 - 4. Access to designated hospital emergency rooms or other appropriate health care

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facilities

5. Availability of on-call physician, dentist, and mental health professional services

- B. The control center will maintain a list of all phone and pager numbers for all outside physicians who may service the facility.
- C. All detention personnel working with offenders will be trained in a first aid and CPR program equal to that endorsed by the American Red Cross or American Heart Association as part of the standard training program.
- D. Such a program will include the types of action required in potential emergency situations; signs and symptoms of an emergency; administration of first aid; methods for obtaining emergency care; procedures for transferring offenders to appropriate medical facilities or health care providers when the needed services are not available in the jail; and symptoms of chemical dependency, emotional disturbance, developmental disability, and mental retardation.

Examinations

Physical examinations will be provided all offenders held more than ten days, within fourteen days of their arrival at the jail unless there is documentation of a complete, comparable examination within the past ninety days. The examination will include the following:

- A. A review of screening data
- B. Collection of other information on offender's history, including medical, dental, mental health, and immunization
- C. Laboratory tests and findings to detect communicable diseases, including venereal diseases and tuberculosis on high risk inmates
- D. A record of weight, height, pulse, blood pressure, and temperature
- E. Review of examination and other information results with a physician
- F. Development of a treatment plan if appropriate that may include all aspects of the institutional environment, programs, and services

A physical examination will be given each offender and civilian food service worker by a qualified medical staff member to ensure all persons working in the food service area are free from transmissible disease.

This examination will be in accord with local community requirements regarding restaurant and food service employees and will be completed within thirty days of job entry and at least annually thereafter. It will ensure freedom from diarrhea, skin infections, and other contagious or food-transmissible illness. This examination will provide protection to food service workers by identifying duty assignment restrictions and preventing the spread of communicable disease to others.

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The Doctor will develop standards for required periodic re-examinations of all offenders confined more than one year.

Sick Call

Medical staff will provide outpatient care through regularly scheduled daily sick call conducted by health care staff. Offenders are responsible for coming forward to the unit officer and requesting to be seen at sick call, they will be instructed to fill out a request form.

Sick call will be held when a nurse is on duty.

Staff will be alert to offenders who are too ill to present themselves for sick call and will assist them in obtaining medical care.

Non-institutional Resources

Medical care beyond that available in the institutional setting will be accessible in a local hospital with appropriate security provided by jail staff.

The jail will maintain contracts, agreements or understandings with fully licensed and accredited local hospitals to provide services for all offenders whose health care needs cannot be provided in the facility clinic.

Ordinarily, community hospitalization will be available for in-patient care for illness or for diagnoses that require optimal observation or more involved medical management in a licensed hospital.

All transfers to a prearranged outside hospital will be made only with authorization of the jail Doctor or the physician on call, after review of the offender's case to ensure suitability for transfer, except in emergency situations.

Whenever medically feasible, all routine outpatient specialty consultations requiring staff escorts will be arranged at least one week before the trip. By Friday of each week, the medical staff will provide the OIC with a list of all scheduled hospital or clinical trips for the following week.

It is the OIC's responsibility to arrange for proper transportation and security coverage for each medical transfer.

When ambulance transport is required, staff will make the necessary arrangements with a local fire department ambulance service and notify the appropriate security personnel.

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Institution staff will maintain proper security of offenders during transportation, treatment, and convalescence (if not returned to the jail after treatment). The jail will ensure all escort staff are trained in proper supervision techniques for offenders confined outside the facility.

The Administrator will maintain appropriate records to document the amount of staff time spent in escort activity of this type, sufficient to differentiate routine medical trips from non-routine.

Specialty Clinics

Consultations may be arranged with outside consultants only when approved by the Doctor and the consultant physician at another medical facility.

Offenders referred by institutional physicians to consultants solely for diagnostic evaluation and recommendations for therapy will not be the continuing responsibility of the consultant. These cases will be followed by the institutional physician in accordance with his or her best judgment.

Offenders who are referred by institutional physicians to consultants for diagnostic evaluation and continuing treatment and are accepted by the consultant as a patient for continuing care will be the consulting physician's responsibility. The consulting physician then will be responsible for determining all follow-up dictated as medical necessity. Changes in treatment may not be made without specific written reasons stated in the medical record and signed by the institutional physician who orders the change.

Emergency Medical Services

When a medical emergency occurs, the staff involved will keep security as their top priority in immediately assessing the situation.

Medical Emergency

Constituted by the loss of consciousness, the airway is compromised, there is no pulse, there is a seizure when there is no history of seizures, there is a noted break in a bone or severe deformity or there is uncontrollable bleeding.

Dental Emergency

The loss of a good tooth by accident (not a decayed one) or uncontrollable bleeding.

In a medical emergency, the staff on site will notify the OIC and control center immediately. The Control Center will contact medical staff on duty or on call, contact the fire department, and then notify the Administrator while awaiting instructions about interim medical care.

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If the situation is life-threatening, the OIC will authorize (without awaiting the advice of medical staff) the notification of appropriate emergency resources (e.g., emergency medical services and hospitals).

In such a situation, staff will render applicable first aid while awaiting the arrival of medical staff or other emergency resources.

Communicable Diseases

Offenders suspected of having communicable diseases or body vermin will be separated from each other and the general offender population until they are no longer contagious or convalescent or until they are transferred. During such isolation, they will receive necessary medical treatment.

The Doctor will develop a program to address the specific needs of offenders in these categories and will periodically update that program to reflect contemporary community practice.

Offenders who are HIV-positive may be housed in the general population, subject to the provisions of Policy 2.4.7.

An employee or offender suspected of having contracted a communicable disease will be examined, if so ordered by the Doctor.

Employees will receive ongoing care for such a condition from their personal physician.

Hunger Strikes

In all cases in which an offender initiates a hunger strike, the following steps will be implemented:

- A. The Doctor and Administrator will be advised, in the case of a detainee ICE will be notified, at that time the inmate will be placed in the detox cell for further observation.
- B. The offender will be the subject of a medical evaluation at the institutional infirmary. The offender's acceptance or refusal of this examination will be documented.
- C. If the offender refuses the medical examination, a refuse to treat form must be signed, if they consent then the medical staff will begin monitoring vital signs and weight checks every 24 hours, the correctional staff will maintain the input and output of fluids. Meals must be offered 3 times daily. This must be documented and witnessed on each offender contact
- D. No food will be brought into the isolation area

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- E. Force-feeding will be initiated only on medical orders and after consultation with the Administrator and the Chief
- F. Yearly training of identification of hunger strikes will be met for Correctional Staff

Elective Procedures

Elective medical procedures are not performed at jail expense.

MSJ Offenders (only) who seek to be treated by outside physicians or facilities for conditions that are not within the scope of services provided by the jail must make a request for such care to the Doctor. These requests ordinarily will not be approved.

If approved, the offender will be responsible for the entire bill and the cost of security supervision while in the community. For such cases, financial arrangements must be made by the offender or family members prior to any such medical appointment. The offender will be required to sign a Release of Financial Responsibility Form.

Medications

Medications will be issued as prescribed by the Doctor or other approved physician. All provisions of Policy 4.1.6 on pharmaceuticals will apply.

- A. A log system developed by the Doctor will be maintained regarding all dispensed medications; these records will be filed in the offender's medical record.
- B. All medications issued will be clearly labeled with the offender's name, type of medication and dosage, date due and any special instructions for taking the medicine.
- C. Medications may include over-the-counter medications as well-as those prescribed by a physician.
- D. When medically appropriate, self-care will be encouraged by the health care staff through daily availability of nonprescription medication (e.g., aspirin and cough medicine).
- E. No offender may share, loan, give, or otherwise provide medications of any type to another offender.
- F. Medications prescribed by a licensed physician and filled by a licensed pharmacist or nurse will be dispensed to offenders as instructed by medical staff or security officers.
- G. Separate records will be kept on all medication dispensed so it will be possible to reconstruct the entire course of medication for each offender. These records will be a part of the offender's medical file.
- H. Medication will be distributed at a scheduled time each morning, afternoon, evening, and night by the medical staff or a corrections officer. During the morning, afternoon, and evening medication call, offenders will be given an opportunity to ask for nonprescription medications such as aspirin, antacids, sinus medications, and laxatives.
- I. It is the offender's responsibility to report to an announcement being made over

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the intercom informing those inmates requiring medication to come forward. Failure or refusal to come forward to receive medication properly may result in that medication being discontinued. Staff will investigate any instance of an offender not coming forward for medication for more than two consecutive medication rounds to ensure the offender is not too ill to do so.

J. All offenders are required to take their pills with water; after swallowing the medication, the offender will open his or her mouth for inspection. Stockpiling medication or exchanging medication may result in discontinuance of medication for the offenders involved, on the Doctor's review. Disciplinary action will be initiated
K. Inmates entering the jail bringing with them their own medication shall be permitted to continue taking such medication subject to verification by the medical staff of need, ownership, and content of the prescription

It is not necessary for medical staff to contact the Physician once such verification has taken place. If medical staff has any question regarding its use the Physician should be contacted. Otherwise an order shall be written to continue such medication and the Physician shall be made aware of and sign the order during the next scheduled Doctor's visit.

L. Where the prescribing physician can not be reached and where the Doctor has not personally examined the inmate, no medication for seizure, hypertension, cardiac, diabetic, psychiatric disorders, infection, or other medication which may be designated by the Doctor, shall be discontinued pending verification.

M. Minor tranquilizers may be discontinued until personal examination by the Doctor which shall take place during the Doctor's next regularly scheduled visit. The offender is expected to ask for personal medication when leaving the jail.

N. Refusals to take medication will be documented in the offender's file.

O. All medication for daily issue and immediate emergency use will be kept in a secure area or medical storage room, accessible only to the medical staff member or officer on duty.

P. A separate, maximum security storage area will be used for bulk storage; the keys to these areas will be restricted keys. No offenders will have access to the drug storage areas.

Q. Medication stored in the daily use area will be under a daily inventory maintained by staff as they assume their post. Inventory of bulk supplies will be performed jointly by members of the medical and security staffs not less than monthly, and a record of that inventory will be maintained in perpetuity.

R. The medical staff in cooperation with the Doctor will develop procedures for disposing of all medication left by offenders on release, all empty prescription containers, and all used syringes and needles. These procedures will include:

1. Designating secure receptacles for these items

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2. Ensuring that no unauthorized persons have access to these items
3. Ensuring that needles and syringes are disposed of outside the jail in a manner consistent with applicable federal, state, and county laws.

Emergency Planning

The Doctor will have input into the development of all institutional emergency plans in which medical care or back-up preparation are implicated. This will include elements such as emergency evacuation of infirmary patients, triage of casualties, use of emergency medical vehicles, use of local hospital emergency rooms, and communication and call-up procedures for medical staff.

Medical Appliances and Devices

The jail will provide medical and dental prostheses if an offender's health would be adversely affected or if the offender would suffer major bodily impairment from a lack of such a device.

- A. Eyeglasses will not be provided. Unless by reason of verified accident or rapidly changing ocular condition, then no more than one pair of glasses will be provided each year.
- B. The responsible physician or dentist will determine which cases warrant this treatment.
- C. The offender will be required to pay for nonessential prostheses in those cases where the health of the offender is not affected adversely without the prostheses. This will be determined by the responsible doctor or dentist.
- D. Offender requests for physician scheduling to obtain medical prostheses will be reviewed by the Doctor.
- E. The responsible physician will examine the offender and record results of the prosthetic evaluation examination in the offender's medical record.

First Aid

First aid kits approved by the Doctor will be maintained in the area of each housing unit, in the food services areas and the office of the OIC.

The Doctor will determine the content of the kits, which, at a minimum, will contain the following items:

- A. Instruction pamphlets for first aid
- B. Triangle bandage
- C. Adhesive bandages
- D. Antiseptic lotion
- E. Gloves

The location and use of first aid kits will be reviewed at least annually by the Doctor or

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Nurse, and an evaluative report will be forwarded to the Administrator.

Emergency Training

All staff will be trained in general recognition of signs and symptoms for common health care emergencies, knowledge of appropriate response actions (including the administration of first aid and CPR, and the proper use of an AED), and the ability to respond within four minutes.

Staff will also receive instruction on methods for obtaining emergency medical assistance; the signs and symptoms of mental illness, retardation, and substance abuse and dependency and follow-up procedures required for those cases; blood borne pathogens and spill cleanups; and procedures for arranging transfers to appropriate outside health care resources.

Medical Care for Staff: On-duty employees requiring emergency medical treatment will be provided that treatment by Meridia South Pointe Hospital. Non-emergency treatment will not be provided; however, medical staff may help employees obtain a referral for non-emergency treatment.

Issued By: *Chief Michael Marotta*

Section: Jail Division

Section Number: 4.1.7

Title: Health Care Mental Health Care:State Standard

Effective Date:

Amends/Supersedes:

Review:

Policy Statement

It is the policy of the jail to provide care through Recovery Resources (RR) for Counseling for inmates who are in need of mental health services because of emotional distress, mental illness, mental retardation, or substance abuse. Prisoners evidencing signs of mental illness or developmental disability shall be referred immediately to qualified mental health personnel. The medical staff and all jail staff shall make every effort to prevent suicide attempts by inmates incarcerated within the Bedford Heights Jail system. Such efforts shall include: prompt screening and evaluation, and continuous direct supervision as may be required.

Definitions

- A. Mentally ill - refers to the condition of a person afflicted with mental disease to such an extent that he/she requires care and treatment for his/her own welfare or the welfare of others.
- B. Mentally retarded -refers to the condition of a person afflicted with substantial below average general intellectual functioning that is associated with impairment in adaptive behavior.
- C. Mentally impaired offender - refers to an offender who is mentally ill or mentally retarded.
- D. Close observation - refers to surveillance checks that occur on a frequent and irregular basis and include documentation of the time conducted and notation of the inmate's apparent condition and the behavior occurring at the time of the check.
- E. Substance abuse - refers to any mind-altering agent which is used to such an effect that it interferes with the individual's biological, psychological, or socio-cultural well-being.
- F. Suicide watch - refers to surveillance checks that occur on a frequent & irregular basis of at least every 10 minutes, and includes documentation of the time conducted and notation of the inmate's apparent condition and the behavior occurring at the time of the check, to be logged on a care flow sheet.
- G. Crisis - any situation in which an inmate exhibits behavior that is extremely inappropriate or of a questionable nature in need of immediate intervention.

Programs

The purpose of the jail's Mental Health Program shall be to maintain an adequate level of functioning within the jail and to improve the psychological functioning of inmates, when possible.

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- A. The mental health program is coordinated by the medical staff under the administrative supervision of the Administrator and Physician.
- B. Services shall be conducted through inmate's voluntary participation or following a court-ordered evaluation for treatment. Services are easily available to all eligible offenders through RR.
- C. Services offered are:
 - 1. Individual Counseling
 - 2. Group Counseling
 - 3. Crisis Intervention
 - 4. Community Referrals
 - 5. Substance Abuse Programs
- D. Those who are interested in attending a group session must first be approved by the OIC and then be signed up on the group session sheet by the Recovery Resource Counselor.
- E. Those who are interested in attending an individual session may fill out an Inmate Request Form and give it to a Corrections Officer to place in the RR mailbox.

Screening

An initial mental health, alcohol and drug abuse screen shall be completed at the Jail for each inmate at the time of intake to determine the need for further mental health evaluation and any immediate safety risks. The Corrections Officers have received training through the Corrections Academy in the recognition of signs and symptoms of depression and suicidal thoughts. (Refer to "Crisis Intervention" for specific signs and symptoms.)

- A. The Corrections Officers shall complete the screening form and, if necessary, notify the medical staff of any major problems or concerns.
 - 1. If a medical staff member is not on duty, the RR's Crisis Unit shall be contacted.
 - 2. Until the Crisis Unit worker becomes available, the supervisory personnel for that shift shall determine any immediate actions to be taken to ensure the inmate's well being and safety of others. Such action may be: lock-up in detox cell, removal of potentially dangerous items; increased observation, etc.
- B. The medical staff shall be given a copy of the completed Screening Forms with promptness.
- C. Completed screening/medical forms shall be reviewed by the medical staff to determine the need for further evaluation. Such review will generally be completed within twenty-four hours of the initial screening, except on weekends and holidays.

Evaluation

The Jail staff will interview inmates whose screening sheet indicates potential

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problem areas, in order to properly evaluate treatment or referral needs.

A. Evaluation/ Interview shall include completion of Suicide Assessment/Evaluation form

B. Suicide Assessment/Evaluation forms will be completed by Corrections staff when appropriate and forwarded to the Medical Department if on duty; otherwise the OIC will review and call Crisis Hotline if appropriate. Upon arrival of mental health worker, the Suicide Assessment /Evaluation form will be forwarded to them for their comments and plan for follow-up care. After determining needs, this document will become a part of the inmate's medical file.

C. Assessment of inmates shall be done within the following frame work:

Immediate Need for Services

Presents an active risk to self or others because of suicidal or homicidal thoughts, paranoia, or bizarre behavior.

A. Suicide Assessment/Evaluation Sheet shall be completed by Corrections personnel and a care flow sheet shall be initiated immediately.

B. Prompt referral to and evaluation by the RR Crisis Unit.

C. Inmates shall remain in the detox cell or segregation until the RR staff completes the evaluation and makes any necessary referrals. The inmate will be held at the Jail until stabilized or sent to the hospital if psychiatric treatment is necessary.

D. RR shall inform jail staff of risk factors and observation needs.

Secondary Need for Services

Depressed and in need of mental health services, but does not present an active risk to self or others.

A. Close observation until evaluated by RR.

B. Inmate may enter general population of the jail.

C. Medical staff and/or Shift OIC shall notify Corrections officers of risk factors.

Corrections Officers shall also be advised to initiate a case flow sheet.

D. Inmates who appear to present a risk to self shall be placed on Suicidal Precautions which may include:

1. Ordering that the inmate be placed under Close Observation by Correctional staff.

2. A decision may be made to maintain the inmate in the same unit or transfer to segregation by the OIC.

3. Removal of all potentially dangerous implements from room; and placement in lock-up.

4. Evaluation by RR staff for consideration of a psychiatrist for the use of medication.

5. Referral for evaluation by a Psychologist as needed.

E. The OIC and/or the Administrator have authority to issue a suicide watch in an emergency situation or when medical and mental health evaluations are not available.

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The person who issues the watch will be responsible for placing the entry in the Log Books and alerting Corrections staff. At this time the Suicide Assessment/Evaluation and Care Flow Sheets will be initiated.

F. The suicide watch will remain in effect until the inmate is seen by the nurse, medical staff, or someone from RR. Notation shall be made in the inmate's medical file by medical staff. If the suicide watch is terminated, it may be assumed that the inmate is stable enough to monitor and report any serious fluctuations in his/her emotional state. Termination of suicide/watch precautions will be logged in the same manner as the issuance.

G. Written incident reports of any suicide attempts will be promptly forwarded to the Administrator, with copies to the medical office.

H. Care Flow Sheets will be continued on a 24 hour basis with appropriate review by OIC and will be forwarded daily at 2359 hours to the Medical Department to be reviewed and placed in the inmate's medical file.

I. Unit staff and OIC may consult with the medical staff before making decisions on classification status, housing assignments, programs, or disciplinary sanctions for offenders diagnosed as having a mental illness.

J. Upon discovering that an inmate has attempted suicide, the Corrections Officer will immediately notify Dispatch of the act of attempted suicide and the exact location of where it happened. The Correction Officer will also request rescue and assistance from the Police OIC.

L. The Correction Officer will lock down all inmates and escort all visitors from the jail.

2. If the suicide is the result. Of a hanging, the Correction Officer may request that an inmate help hold the subject up in order to take pressure off the neck until the inmate can be cut down.

3. Whenever possible, the Correction Officer shall cut, or untie the rope, and with assistance, gently lower the inmate to the floor.

4. Caution shall be exercised in approaching the alleged victim in order to safeguard against trickery or decoy attempts designed to aid in an escape or hostage attempt.

K. Upon discovering an inmate who apparently was successful in committing suicide, the following actions will be taken by the Correction Officer:

1. Make notifications to Dispatch and the Police OIC.
2. Cut the inmate down and attempt to revive the inmate, and stop any bleeding.
3. DO NOT move the body once a reasonable determination of death has been made.
4. Make a positive identification of the inmate.
5. Safeguard and protect the body until the Police OIC and Rescue Squad arrive.
6. Preserve all evidence at the scene.
7. Notify the Jail Administrator, Police Chief and Medical Director.

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L. The Jail Administrator is responsible for reporting successful suicides and genuine attempted suicides to the Bureau of Adult Detention.

M. During the first year of assignment in the jail, all Correction officers will receive suicide training as a part of their 120 hour correction academy. Additional training will be provided as necessary.

N. All Correction Officers shall review this policy and the suicide training materials from the correction academy at least every two years in order to keep fresh in their minds the prevention, detection and intervention of suicide.

Counseling/Case Management

It is the policy of the Jail to provide care for inmates in need of mental health services because of emotional distress, mental illness, mental retardation or substance abuse.

A. The RR is contracted to provide the jail with 24-hour crisis intervention, psychiatric services or referrals as required, and assists in drug/alcohol treatment/counseling.

1. Provisions have been made for routine referral by the medical staff and jail staff with RR professionals regarding any indication for special care, treatment, environmental or housing of needs of inmates perceived as having special needs or difficulty adjusting to incarceration.

B. The RR may continue counseling and evaluating their clients who become incarcerated at the jail as necessary or as is requested by the inmate.

1. The RR will have the right to bill the inmate's health care provider for reimbursement for services rendered during the inmate's incarceration at the jail.

C. RR shall ensure adequate psychiatric services are available to service the needs of the jail system. Should these services not be available through RR, and then they will refer inmates to the appropriate psychiatric service providers who shall honor the terms of the contract between RR and the Bedford Heights Jail system.

D. If an inmate requires long term counseling, RR will be contacted and they will maintain a case file. Any information given to the medical staff will be maintained in locked medical records.

E. The RR staff may make recommendations on the monitoring, observation, and handling of an offender who has been diagnosed as having significant mental health problems. Such recommendations will be notated on the shift log by the OIC.

Privacy

The jail staff shall make every effort to maintain the maximum amount of privacy possible while considering safety/jail security as first priority.

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A. RR staff may conduct assessment in the following locations:

1. Program Rooms
2. Interview Room
3. Inmate Housing Room

Sharing of Information

Health services staff shall have access to information regarding an individual inmate's confinement record. Corrections Officers responsible for an inmate's care are apprised of health conditions and needs to the extent necessary to provide adequate supervision.

Corrections Officers may not have access to inmate's individual medical charts.

- A. In the event that a question arises in reference to an individual inmate's care, the medical staff will review the record and address the matter with the Administrator.
- B. No mental health records or summaries will be released without a signed "Release of Information". This release will be kept in the inmate's medical file.
- C. The medical staff will not discuss the content of the therapy sessions, diagnoses, or psychiatric history with others without express permission to do so from the inmate involved except in the following conditions:

1. When the inmate presents an imminent risk to the safety of self or others; those involved in the threats or in the care of the inmate may be given necessary information to protect the inmate or those threatened; or/or
2. Corrections Officers who provide direct care will be given information needed to provide the appropriate care. These rules of confidentiality are specified by Ohio Law.

Child Abuse/Neglect

The medical staff will report any suspected child abuse or neglect as required by Ohio Revised Code. Reports regarding known or suspected child abuse or neglect shall be made to the Bedford Heights Police Department, or the appropriate agency. Documentation of the report shall be placed in the inmate's mental health file.

On identifying an offender requiring immediate attention for mental illness, the OIC and medical staff member on duty will be notified of evaluation and referral to RR. The Sergeant will notify the Hotline and maintain an incident report with the following info: Date, time, subject(s) talked to, inmate's actions warranting the call, time of crisis worker's arrival, and a brief summary of the crisis worker's statements.

Psychotropic Medication

When psychotropic drugs such as antipsychotic and antidepressants are prescribed, they will be given only in accordance with written instructions recorded in the medical

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file.